Massachusetts Office for Victim Assistance
Winter 2002-2003

victim IMPACT
A Newsletter to Advance Rights & Services for Crime Victims in Massachusetts
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In This Issue

HIV Post-Exposure Prophylaxis for Sexual Assault Survivors

by Karen Brouhard, LICSW, and Lori Panther, MD, MPH

Since the emergence of the human immunodeficiency virus (HIV) epidemic, rape has exposed many of its survivors to the risk of contracting this once lethal, now treatable disease. While reports of rape-related HIV transmission are relatively rare, the consequences are quite severe. Fear of having contracted HIV is a major concern for many rape survivors, and while there is no means available to eliminate this risk, it is possible to reduce it.

Medications taken soon after an exposure to HIV can prevent an individual from seroconverting, or becoming HIV positive. This preventive measure is called post-exposure prophylaxis or PEP. When these medications were given to health care workers who were exposed to HIV through needle sticks, they reduced the rate of HIV infection by as much as 80 percent. The medications have also effectively reduced maternal-to-fetal transmissions. Research data are not yet available to prove the efficacy of PEP following high-risk sexual exposures such as rape. However preliminary studies have shown the treatment to be safe, and the efficacy of the medications in reducing HIV transmission in other types of exposures suggests a high likelihood of risk reduction in sexual exposures. Thus the Massachusetts Department of Public Health (MDPH) recommends offering PEP within 72 hours after such exposures. The Centers for Disease Control also support consideration of PEP in cases of rape after careful evaluation of the theoretical risks and benefits on a case by case basis[1].

What is PEP?

The PEP treatment regimen involves taking medications against HIV for 28 days. These antiretroviral and protease inhibitor medications are the same ones prescribed to treat people who are HIV positive. While practices and protocols vary, the most common regimen involves taking one tablet twice a day. Additional medications may be added when aspects of the assault increase the risk (e.g., seminal fluid contact with areas of torn tissue or skin; multiple perpetrators; multiple sites of penetration such as anal, vaginal and oral; known or suspected IV drug use by the perpetrator, etc.).

(continued on page 12)

Victim IMPACT
is a quarterly newsletter to advance rights and services for crime victims and to promote greater awareness about the impact of victimization on the individual and the community. It is published by the Massachusetts Office for Victim Assistance (MOVA) and the Victim and Witness Assistance Board, and is distributed free of charge to the victim rights community. We welcome submissions and article ideas from crime victims and survivors, service providers, criminal justice professionals, and the general public. The "Victim Voices" feature is intended to be a forum for victims and survivors to describe their personal experiences of victimization or the emotional impact of being a crime victim. In some articles, names and identifying information may be changed to ensure the confidentiality of victims. MOVA reserves the right to edit all submissions. No financial compensation is provided for the publication of articles or stories. We encourage the reproduction of any articles contained in this newsletter, provided that proper attribution is given to both MOVA and the author.

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Message from the Executive Director - Winter 2002-2003

Facing the recent cold, harsh weather involves a great amount of physical determination and psychological stamina. I find that I start shoring myself up for the onslaught of the frigid temperatures before heading outdoors. I also find myself wondering how I can avoid venturing out at all on these days. But after those few minutes of consternation, I make my way to the door, push it open, grit my teeth, and face the inevitable.

What a true metaphor for what we are all experiencing, as survivors or providers, as we face the cold, harsh reality of dwindling resources, elimination of services, and the resulting exacerbation of people's pain and suffering. This is the topic of discussion in all of my professional and personal circles these days. How can we stretch our dollars? How can we maintain critical quality services for crime victims? How can we cope with our losses in the face of the day-to-day struggles of living? How can we maintain our energy and enthusiasm in advancing our pursuits of victim rights? How can we come in out of the cold?

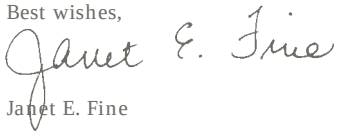
Victims know better than anyone what it means to survive and thrive in the face of extreme adversity. They know how to find embers of light in the midst of darkness. We learn from survivors every day how to embrace the challenges of life and overcome the obstacles. They should continue to be our sources of inspiration as we face and navigate these extremely tough fiscal times.

Indeed, there is light in the face of this unrelenting fiscal dark cloud. We are buoyed by the endless dedication and effort by so many survivors and providers. There is remarkable strength in our partnerships with one another, which reminds us that we are not going it alone. These collaborative efforts provide opportunities to share wisdom and resources. There is motivation for increased advocacy, new ideas, and creative solutions. This adage has never been truer:"the whole is greater than the sum of its parts".

This was the premise upon which we implemented recent focus groups around the state in advance of our open VOCA RFR process. The groups included program administrators, direct service providers, and consumers. Participants represented diverse programs and communities and the discussions focused on both the strengths and gaps in existing services. While an underlying sense of competition for funding was inherent in the discussions, it was extremely heartening to see the generosity of one participant and program to another. The forum did not only prove informative for MOVA regarding prospective VOCA funding, but it was hailed as a welcome opportunity to share innovations, identify gaps, and impart fears and frustrations. We were encouraged by participants to provide more such forums in the future. We are most interested in doing so and invite your suggestions.

A vital opportunity for exchange and for renewing strength and inspiration is our annual Victim Rights Conference, which will be held this year on April 1st at the Best Western Royal Plaza in Marlboro. The conference will include timely and relevant topics such as "Delivering Services in Tough Fiscal Times" and "Faith in the Face of Tragedy". We hope you will join us and share in this opportunity to shore ourselves up and renew our spirits. The fiscal climate will most likely be the same at that time but, hopefully, it will be a sunny, warm day.

Best wishes,



Janet E. Fine

Addressing Sexual Violence in Massachusetts:

The Governor's Task Force on Sexual Assault and Abuse Recommends Changes

by Allison Tassie

In response to growing awareness in Massachusetts of the crisis of sexual violence, former Governor Jane Swift established the Governor's Task Force on Sexual Assault and Abuse on April 30, 2002. The Task Force consisted of 29 members and was co-chaired by the Secretary of the Executive Office of Health and Human Services (EOHHS) and the Secretary of the Executive Office of Public Safety (EOPS). It was charged with advising and making recommendations to the Governor as to "how the current system of services delivered throughout the Commonwealth to address sexual violence may best be enhanced to improve the treatment and support provided to victims of sexual assault and abuse and to ensure that such violence will not be tolerated." The following tasks were outlined in Executive Order 437: 1) create an inventory of all existing services within the Commonwealth; 2) conduct regional hearings to gain understanding of the issue; 3) seek input from state and local providers regarding the issue; 4) identify gaps in service and explore ways to address these gaps; and 5) issue a written report to the Governor summarizing its findings and making short- and long-term recommendations.

The Task Force convened five regional hearings that were scheduled for completion by mid-July. Each provided an opportunity for Massachusetts citizens to offer testimony regarding their experience and/or professional expertise in the area of sexual violence. In total, 108 people provided testimony, 44 of whom identified as survivors of sexual assault and abuse. Forty-three additional people submitted written testimony, 20 of whom were survivors. All testimony was transcribed into a 284-page document, which was reviewed and analyzed by five working groups to determine findings and make recommendations. In total, over 100 people with expertise and knowledge of the issues participated in the working groups. The areas of focus were: pervasiveness, prevalence, and impact of sexual violence on individuals, families, and communities; barriers to reporting sexual assault and abuse; accessibility and responsiveness of services; intervention with and treatment of sexual offenders; and prevention strategies. Each working group submitted findings and recommendations to the Task Force Steering Committee, which then compiled the final report for review by the full Task Force.

On October 29, 2002, the Task Force submitted a written report to Governor Swift, entitled *Toward a Commonwealth Free from Sexual Violence*, documenting the findings and recommendations of the Task Force. The Executive Summary of the report included the following findings:

- Sexual violence deeply pervades our communities, creating wrenching, lifelong, and costly harm to adults and children of all ages, races, cultures, and socio-economic groups.
- Barriers to disclosing and reporting sexual assault and abuse are so persistent and powerful that taking action to seek supportive healing services or to demand justice requires great bravery on the part of victims and survivors.
- Effective model programs exist for both child and adult survivors of sexual assault and abuse, but they are available only in selected places in the Commonwealth.
- Continuing efforts to respond to perpetrators of sexual violence must integrate improved systems for sex offender management and containment with more sophisticated evaluation and treatment of sex offenders, improved cross-agency information sharing, and advocacy for victims of sexual violence.
- Working to prevent sexual violence must be a priority. It is only through broad-based public awareness campaigns, comprehensive school-based educational programming, and training of all professionals who meet and serve survivors that we have any hope of breaking the pattern of sexual violence that afflicts our communities.

The Task Force recommended that a "formal, coordinated, and inter-system body whose leadership is shared by public and private interests" be formed to continue the work begun by this Task Force. A wealth of information was compiled in the final report. Below are just a few of the report's many recommendations:

- Take steps to ensure that survivors of sexual violence are full partners in the work of improving the Commonwealth's response to sexual assault and abuse.
- Take formal and measurable steps to enable all sectors of the Commonwealth's response to sexual violence to more fully meet the needs of the diverse communities within Massachusetts, including people of color; those whose first language is not English; people with disabilities; elders; teens; members of the lesbian, gay, bisexual, and transgender (LGBT) community; people who are homeless; and all others who have been historically underserved.
- Mount a comprehensive public awareness campaign via all popular media, funded by a public/private partnership, focusing on dispelling the

(continued on page 14)

AMBER comes to Massachusetts:
State Initiates Alert System for Abducted Children

By Congressman Edward J. Markey

On October 23, 2002 the Commonwealth of Massachusetts became the 15th state to adopt the AMBER Alert system to solve child kidnappings before they become homicides. Named for Amber Hagerman, a 9-year-old girl who was kidnapped and murdered in Texas in 1996, the plan has been credited with rescuing 35 children from abductors. It pulls together law enforcement agencies and broadcasters in a voluntary partnership to activate an urgent bulletin in the most serious child abduction cases.

As a member of the House Subcommittee on Telecommunications and the Internet, I have long supported harnessing the power of mass communication to save lives. Indeed, the concept of the AMBER system is borrowed directly from the Emergency Alert (formerly the Emergency Broadcast) System's usefulness in warning the public about approaching hurricanes or tornadoes. The first step to enabling the states to move forward with AMBER was to prod the Federal Communications Commission (FCC) to establish an AMBER code that would be universally recognized and understood by the existing broadcast alert system. In June 2001, I sent a letter along with 38 other Members of Congress urging the FCC to move ahead, and this request was acted on favorably in March 2002. Although the Emergency Alert System (EAS) has always been voluntary, the FCC has now ordered that all EAS equipment installed after February 1, 2004, be capable of reading the Child Abduction Emergency Code.

Once the basic infrastructure was in place, it was up to the individual states to decide whether to use it. In August of this year, the entire Massachusetts Congressional Delegation joined me in a letter to former Governor Swift asking her to expedite the establishment of this plan. Governor Swift was already working on this issue and agreed that we should be one of the first states to take advantage of this new capability to act aggressively should a stranger abduct a child in our state. Finally, on Wednesday, October 23, then Public Safety Secretary James Jajuga announced that law enforcement officials and representatives from the state's television and radio stations had hammered out the necessary agreements to make the Massachusetts Amber Alert Plan a reality.

In addition to ensuring that our own state was an AMBER leader, I have sought to strengthen the AMBER support structure at the national level. I have co-sponsored a bipartisan effort to pass the National AMBER Alert Network Act of 2002. This bill would require the Attorney General to assign an AMBER Alert Coordinator of the Department of Justice to act as the national coordinator of the AMBER Alert communications network. This coordinator would seek to eliminate gaps in the network, would work with states to encourage the development of additional network elements and ensure regional coordination, and would serve as the nationwide point of contact for network development and for regional coordination of alerts on abducted children.

The AMBER Alert encourages everyone in a community to get personally involved in recovering a local family's missing child. It is a system with proven results. I am very pleased that the AMBER Alert is operational in the Commonwealth of Massachusetts and will continue to advocate for nationwide implementation.

Congressman Edward J. Markey represents the Seventh Congresssional District in Massachusettts.

Implementation of the Massachusetts AMBER Alert Plan

By Lt. Marian McGovern

Last October, the Massachusetts State Police (MSP), together with the Massachusetts Chiefs of Police, the Massachusetts Emergency Management Agency (MEMA), local broadcasters, and the National Center for Missing and Exploited Children (NCMEC) instituted the AMBER Alert Plan. The plan is designed to assist police officers in the discovery and safe return of abducted children and the apprehension of individuals responsible for the crime.

The AMBER Alert Plan is already credited with saving a number of children around the country after someone learned of the abduction through the media. In some cases, the perpetrator released the child after hearing the broadcast on the radio. These successes speak volumes about the power of the plan and how it can be an effective investigative tool in every community. Statistics show that the first few hours of a child's abduction are critical to the outcome of the case. According to a study by the U.S. Department of Justice, 74 percent of the children who were kidnapped and later found murdered were killed within the first three hours after being taken.

The Massachusetts AMBER Alert Plan is a voluntary cooperative effort put forth by the above agencies to ensure the safety of all children. Broadcasting information about an abducted child enables the general public to assist police by being on the lookout for the child and/or the abductor. The public plays an essential role in the AMBER Alert Plan's success.

What are the Criteria for an AMBER Alert?

Once police determine that a child has been abducted, they must determine if the case meets the criteria for activating an alert. All of the AMBER Alert Plan criteria must be met before activation can occur.

The criteria are as follows:

- the child is under the age of 18
- law enforcement believes the child is in serious danger of bodily harm or death
- there is enough descriptive information for law enforcement to believe an AMBER Alert will help locate the child (For example, descriptive information regarding the child, the abductor and/or the vehicle used in the abduction)

The investigating officer immediately relays all descriptive information to a superior officer. The supervisor reviews the criteria and contacts the MSP Communication Section (ComSec) to request activation of an AMBER Alert. Because the integrity of the plan must be highly maintained, an on-call Major from the State Police Division of Investigative Services will scrutinize the information and decide if the criteria have been met before activation can take place. The Major has the sole responsibility for activating the alert. In cases where the alert is activated, the MSP ComSec will send out a general broadcast and notify appropriate agencies with the information. Local radio programs and television stations have agreed to break into their programming to broadcast the AMBER Alert. This will continue for 4 hours with a broadcast every 30 minutes or less depending on the individual station. A scrolling message with descriptive information will appear at the bottom of the television program as well. The descriptions will also be displayed on several variable message boards located throughout the state. If, during that time, there is updated information, the same procedure should be followed. The Major will be the only person who can provide information for broadcast. In cases where the child is found before the four hours are up, the Major will deactivate the alert.

In cases where the AMBER Alert criteria cannot be met, the investigating agency is not precluded from utilizing all extraneous resources of the Massachusetts State Police.

The AMBER Plan sends a strong message that crimes against children will not be tolerated and that law enforcement, broadcasters, and individuals working together have the power to apprehend predators and bring abducted children home.

Lt. Marian J. McGovern is the State AMBER Coordinator with the Massachusetts State Police. For further information, call her at (508) 820-2616.

SAFE PLAN

Help for Victims of Abuse

The SAFEPLAN program provides certified court-based advocates to offer advocacy, crisis intervention, referrals, and support services to victims of domestic violence. These advocates assist victims in obtaining restraining orders and developing safety plans for themselves and their children. SAFEPLAN Advocates are often the first point of contact for victims seeking help—intake data show that 70 percent of SAFEPLAN clients had no prior contact with necessary services.

Funded by the Massachusetts Legislature and the federal Violence Against Women Act (VAWA) and Victims of Crime Act (VOCA), the program is a partnership between the Massachusetts Office for Victim Assistance (MOVA) and community-based domestic violence programs. SAFEPLAN Advocates also work closely with the District Attorneys' offices, law enforcement, and other allied criminal justice and social service agencies.

Two recent studies, published in *The Journal of the American Medical Association* and *The American Journal of Preventive Medicine*, found that restraining orders do protect victims. According to one study's findings, victims who obtain permanent protective orders are 80 percent less likely to be abused again compared with victims who only seek temporary protective orders. In Massachusetts, only 37 percent of victims who went to court alone and received temporary restraining orders actually returned to extend those orders. In the courts covered by the SAFEPLAN program, on average, almost twice that number returned to extend their protective orders.

All names and locations have been changed to protect client confidentiality.

Claudia first came into the SAFEPLAN office with her parents and young son. She had fled from Pennsylvania to her parents' home in Massachusetts after her husband assaulted her. Her husband had followed her, and he appeared at the courthouse when she came in seeking a restraining order. Claudia's SAFEPLAN Advocate assisted her throughout the restraining order process and worked out a personalized safety plan with her, knowing that a restraining order can sometimes trigger an escalation of the abuse.

In the year since Claudia first came to SAFEPLAN, her advocate has had twenty contacts with her. Claudia's husband violated the restraining order a number of times, even attempting to take their child. SAFEPLAN offered support and information, linking her up with the right resources, including domestic violence programs in Pennsylvania that helped her through the divorce proceedings there. Claudia now lives with her parents and her son. She is enrolled in college and is pursuing a degree in criminal justice.

Liz is an ongoing client of SAFEPLAN. She obtained a restraining order because of her partner's verbal, emotional, and physical abuse and his threats to have her children taken from her. Her abuser has violated the restraining order several times and appeared at every extension hearing to oppose issuance of the order. Liz suffered a stroke shortly after receiving her initial restraining order and has been in declining health. She cannot speak and relies on a wheelchair. Her family is diligent in ensuring the restraining order stays in effect, despite her abuser's attempt to gain the court's permission to move next door to Liz.

Two SAFEPLAN Advocates have worked with Liz and her family to help keep her safe. They ensured she would have easy access to the court in her wheelchair and met with her to write down her wishes, since she could not actually speak to the judge. With Liz's permission, her SAFEPLAN Advocates involved her mother in the restraining order hearing, enabling the woman to be her daughter's voice in court. During the hearing, Liz's abuser asked the judge to modify the restraining order and allow him to call the house to speak to his children. The SAFEPLAN Advocate requested permission to speak and explained that the children were old enough to contact their father themselves whenever they wished. The judge agreed, and denied Liz's abuser's request to modify the order. The judge granted Liz a permanent restraining order.

Ann came to SAFEPLAN through a referral from the District Attorney's Office Victim Witness Advocate. The night before, Ann's abuser had beaten her with a lead pipe when she asked him to leave her home. The SAFEPLAN Advocate sat with Ann and assisted her with the paperwork for her restraining order. They talked at length about safety issues, the provisions of the restraining order, the court procedure, and what Ann could expect once inside the courtroom. Ann was apprehensive about seeing her abuser in the courtroom. Her SAFEPLAN Advocate talked

with her about focusing on the judge during the hearing and explained that she need only respond to the judge's questions and not her abuser's. The judge granted the order.

Three months later, Ann decided to vacate the restraining order to allow contact with her boyfriend. Embarrassed, she did not request an Advocate when she came into court, but her SAFEPLAN Advocate recognized her and spoke to her about her decision. The SAFEPLAN Advocate reassured Ann that the program would be a resource for Ann any time she needed support, and ensured that Ann had the phone number for the statewide hotline, reminding her that help was available any time of the day or night.

Edith came into Court in fear for herself and her 11-month-old son. She was a citizen of Poland. Her American husband brought her to this country three years ago. Edith was confused and desperate. She had been physically and emotionally abused for many months. Her husband had threatened that if she sought help, he would take their son away from her and send her back to Poland.

The SAFEPLAN Advocate spent a great deal of time with Edith, providing crisis intervention, presenting her with her options, and ensuring that she understood those options despite a language barrier. She identified resources to assist Edith in obtaining help with the Immigration and Naturalization Service. With assistance from her SAFEPLAN Advocate, Edith was granted custody of her son, access to her home, child support payments and a one-year restraining order.

Imar Imar was "purchased" in her home country to become the wife-slave of an American citizen. She was forced to be a servant for the man and his mother in suburban New York. He forced Imar to perform sexual acts that are immoral according to her religious beliefs, and he physically abused her daily. She was not permitted out of the apartment alone. Imar somehow managed a desperate call to relatives abroad who contacted a friend in central Massachusetts —the one other person they knew in the United States. The friend traveled to Imar's apartment to rescue her in the middle of the night.

The SAFEPLAN Advocate helped Imar access a myriad of services—legal assistance in two states, battered women's resources in New York, and local support programs and financial assistance. Imar's SAFEPLAN Advocate also referred her to Traveler's Aid for ongoing transportation back and forth to New York, where Imar must travel for criminal and probate court hearings.

Jody came into the SAFEPLAN office seeking a temporary order against her husband. Before beginning the paperwork she disclosed to her SAFEPLAN Advocate that, as part of her husband's pattern of abuse, he forced her to smoke crack cocaine with him. She said that when she refused the drug, his violence escalated. Jody feared that once her husband was served with the order he would attempt to gain custody of their two children by accusing her of using drugs and denying his own drug use. Worse, she feared that because the SAFEPLAN Advocate was mandated to report the family to the Department of Social Services, her children would be placed in foster care.

The SAFEPLAN Advocate called the Domestic Violence Specialist at DSS and discussed the situation, and learned that as long as Jody was staying with a relative who would be willing to take responsibility for the children, they would not be removed from her care. Jody called her brother, who agreed to let her stay with him.

The Court granted Jody a temporary restraining order and two weeks later extended it for one year. Shortly thereafter, Jody entered a drug abuse treatment center. She is currently living in her own apartment with her two children.

Carol walked to the courthouse because she had no car. She was seeking a restraining order against Fred, her ex-boyfriend, because he had threatened to kill her. Fred had a long history of abusing Carol, and she was more terrified by his latest threat than at any time in the past.

Safety planning with Carol revealed that she did not have a cell phone. Her SAFEPLAN Advocate arranged for her to have a 911 emergency cell phone for her protection. When Carol and her friend drove into the police station parking lot, Fred jumped out from a parked car and blocked her way. Carol used her 911 phone to call for help. A police officer came out of the station and arrested Fred.

SAFEPLAN Sponsors Plymouth County Legislative Breakfast

By Claire MacNeill and Stefanie Fleischer Seldin

On November 19, 2002, MOVA and Jane Doe, Inc. sponsored a legislative breakfast at Bridgewater State College to thank Plymouth County legislators for their support of services for victims of sexual assault and domestic violence and, in particular, for their support of SAFEPLAN. Senator Marc Pacheco and Representative David Flynn offered welcoming remarks, and District Attorney Timothy Cruz praised the efforts of agencies and advocates working with his office to assist victims. The breakfast included a moving tribute to domestic violence services from a survivor who benefited from a SAFEPLAN Advocate's help. Claire MacNeill, SAFEPLAN Regional Coordinator, explained SAFEPLAN's purpose and impact, and Barbara Fuyat, Executive Director of South Shore Women's Center, described other local initiatives to assist victims and combat domestic violence and sexual assault.

The legislative breakfast provided a wonderful opportunity for legislators to meet the SAFEPLAN Advocates and other domestic violence and sexual assault service providers from Plymouth County. Attendance included legislators or staff from eleven different offices, MOVA staff, Jane Doe member programs, the court, the District Attorney's Office, the Sheriff's Office, police, legal services, probation, the Department of Social Services, the Department of Transitional Assistance, mental health services, and batterers intervention. Many thanks to all who participated in this event—especially to Senator Marc Pacheco, Representative David Flynn, District Attorney Timothy Cruz, Barbara Fuyat (South Shore Women's Center), Pat Kelleher (Brockton Family and Community Resources), Robin Martin (Womansplace Crisis Center), Robert McCarthy (Register of Probate), and Michelle Mawn (Victim Witness Director in District Attorney Timothy Cruz's Office).

Claire MacNeill is the SAFEPLAN Regional Coordinator for Plymouth County. Stefanie Fleischer Seldin is MOVA's Policy Analyst.

Agencies Partner in Crime

By Nancy Alterio

"Building Partnerships" Working Together to Protect Persons with Disabilities

According to the United States Department of Justice, there are 54 million Americans living with disabilities. Persons with disabilities are some of our most vulnerable citizens. Their vulnerability is heightened when they are dependent on a caretaker. These relationships provide opportunities for intimacy and dependence that come with needing assistance with activities of daily living such as bathing, dressing, and personal hygiene. Such situations create unique opportunities for sexual assault and abuse. Persons with disabilities may have an impairment of those abilities critical for self-defense and avoidance of violence, including communication or physical challenges. It is a common misperception that persons with disabilities are asexual, incapable of relationships, and not able to engage in sexual acts. Consequently, when persons with disabilities disclose sexual violence or abuse, they are often not believed.

Each year, the Disabled Persons Protection Commission (DPPC) receives thousands of reports of abuse and neglect through its 24-hour hotline at (800) 426-9009.

In May 1999, a partnership was formed in Massachusetts between law enforcement and human service agencies in an effort to effectively and efficiently address abuse, neglect, and crimes committed against persons with disabilities. "Building Partnerships for the Protection of Persons with Disabilities" is a unique initiative that affords equal access to the criminal justice system for victims with disabilities. This partnership arose in response to the fact that crimes committed against persons with disabilities were often unrecognized or unreported to the appropriate authorities.

Responding to
Victims with Disabilities

The "Building Partnerships" initiative, which uses a multidisciplinary approach to address crimes against persons with disabilities, was implemented thanks to the foresight of Elizabeth D. Scheibel, District Attorney of Northwestern District, and Gerald J. Morrissey, Jr., Commissioner of the Department of Mental Retardation (DMR), and through the support of William D. O'Leary, then Secretary of the Executive Office of Health and Human Services (EOHHS), and through the continued support of Robert P. Gittens, then Secretary of EOHHS.

The "Building Partnerships" initiative, funded through the Executive Office of Public Safety (EOPS) Byrne grant, is housed at the Massachusetts District Attorneys Association (MDAA). This statewide partnership brings together the human service and law enforcement communities in each county through formal Memorandums of Understanding (MOU) with each District Attorney. The goals of the initiative and the multidisciplinary approach are:

- to provide protection, treatment, and continuity of care for persons with disabilities who are victims of a crime;
- to increase awareness of crimes committed against persons with disabilities;
- to increase communication and cooperation between law enforcement and agencies providing services to people with disabilities;
- to ensure that crimes committed against persons with disabilities are promptly reported, investigated by trained law enforcement personnel, and prosecuted.

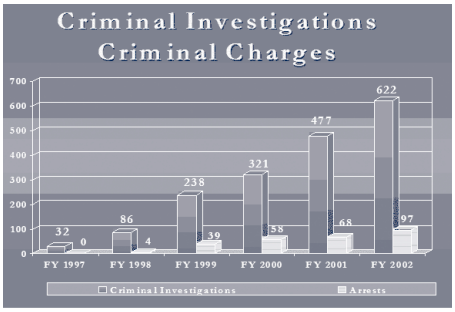
A "Building Partnerships" steering committee, chaired by Northwestern District Attorney Scheibel, was formed to facilitate the grant's legislative and training activities. Through the efforts of the steering committee, local and state police, civil investigators, victim witness advocates, assistant district attorneys, and human service providers have received training in recognizing, reporting, investigating, and prosecuting crimes committed against persons with disabilities. Legislation has been filed calling for enhanced penalties for those who commit crimes against persons with disabilities. In addition, the steering committee, with the Massachusetts Continuing Legal Education (MCLE), developed "A Practical Guide to the Reporting, Investigation and Prosecution of Crimes Committed Against Persons with Disabilities." The guide was distributed to all the courthouses in Massachusetts.

Data, collected from fiscal year 1997 to present, demonstrates the effectiveness of the initiative's approach. Each year, the Disabled Persons Protection Commission (DPPC) receives thousands of reports of abuse and neglect through its 24-hour hotline at (800) 426-9009. The State Police Detective Unit (SPDU), assigned to the DPPC, reviews 100% of all complaints received by the DPPC hotline to determine which ones constitute criminal activity against a person with a disability.

During fiscal year 1997, prior to the drafting of the MOU's and prior to the implementation of the multidisciplinary approach, the DPPC referred 32 cases to the appropriate district attorneys' offices statewide for review and action as necessary.

With the inception of the MOU, in fiscal year 2002, 622 cases were investigated criminally resulting in 97 criminal complaints. Of those 622 criminal cases, 307 were crimes of a sexual nature.

The following graph depicts the increase in abuse reports referred to the district attorneys for criminal investigation and possible prosecution for fiscal years 1997 through 2002.



The "Building Partnerships" initiative continues to enhance the safety and well being of persons with disabilities and provides the groundwork for effective prevention strategies. The initiative has changed the way we collectively address crimes committed against persons with disabilities and it affords victims with disabilities the same protections and rights as the public at large.

For additional information on the "Building Partnerships" initiative, please call Mary Ann Brennen, Building Partnerships Project Director, at the MDAA (617) 305-7032.

Nancy Alterio is the Executive Director of the Disabled Persons Protection Commission.

VICTIM

For just a moment stop and think how you woke up this morning. Was it the alarm clock? The kids? The dog? Whatever the case it was probably pretty uneventful.

My story starts with how I woke up on the morning on June 8, 2001, and why I have not woken up the same ever since. At five minutes past four in the morning, I was awakened by the telephone. I answered it to find my father on the other end. Our conversation was brief and marked the moment that things were never going to be the same ever again. My father said that my sister Elizabeth had been in a car accident. My immediate response was, is she okay? Dad's answer was words that will forever echo in my head, "No, she is dead. She was struck and killed by a drunk driver on her way to work." I sat on the edge of my bed with my back to my wife who was now awake and told her that my sister was dead. As I turned around, I noticed that my two children had worked their way into our bed during the night. Looking at them my thoughts were immediately with my parents. How are they going to make it through this? How do you bury your kids? It just didn't make sense then and even less now. We immediately made some phone calls, had my sister-in-law come watch the kids and headed over to my parents house.

The trip over to my parents' house is only 20 miles. The ride seemed like an eternity. As we entered their town and approached their street the tension and anxiety started to set in. As I pulled into their driveway I could barely breathe. The first thing I remember when I entered the house is seeing my Mom. She was sitting in the living room, pale white with blood shot eyes and a red raw nose. I then turned to my other two sisters and felt a sense of relief. Relieved that they were there, relief that we had all made it to my parents' house safely. It was just six months earlier we had all met in my parents living room to learn that my mother had been diagnosed with colon cancer and was going to have to have surgery to remove a tumor. Ironically, six months later was supposed to be a day of celebration. June 8 was my Mom's last day of chemotherapy, the beginning of her completely recovering from cancer. Instead we called family members and funeral directors and started planning my 24-year-old sister's funeral.

At about 10 a.m. the funeral director came to my parents' house and my mother, father, two sisters and I sat around my parents' dining room table picking out caskets, prayer cards and writing an obituary for a 24-year-old woman who we called Daughter, Sister, Auntie, Liz. It was then decided that the next morning my two sisters and I would go to Liz's apartment and pick the clothes she was to be buried in.

The next morning my sisters and I met at my parents' house and went to Liz's apartment to collect her clothing. We decided that we would stop at the intersection of the fatal crash and leave flowers and a make-shift memorial. As we left my parents house words from my mother rang through my head—mom said one of the more disturbing

things of Liz's death is that she died alone with out anyone there. That when she needed us the most we were not there. By all accounts Liz died instantly and although we would have not been able to do anything for her, the fact that she lay dead on the road without anyone was troubling. During the 40-mile ride to Liz's apartment that morning not a word was spoken between the three of us. The ride seemed to last forever. Every mile we drove forward it seemed we drove two miles back. We came up to the intersection of the crash and walked over to the telephone pole that Liz's car had been driven into. We arranged flowers at the pole where others had already left flowers and a religious candle. I turned to my sister and asked her if she was ready to leave. She said, "No." Reminding us of the words of my mother and father about Liz dying alone, she felt we needed to stay. We stayed. Many people drove by and offered condolences, some verbally; some didn't need to say anything. Two men stopped their car and came over to us. One man spoke with a heavy accent and the other man didn't speak English at all, but from them we understood that they were there that early morning of the crash and felt compelled to stay. For some reason they could not leave. We were able to take that back to my parents and let them know that Liz didn't die alone; people, good people were there with her. The ride back to our parents' house was not nearly as tedious as the ride that morning. As the three of us rode home we all had a sense that we went to the crash sight and took Liz from it and she was back with us again. We felt that the four of us were back together, if not physically at least spiritually.

The next few days we had the wake and funeral. I can still see the hundreds of faces that came through the line at the funeral home, young and old and everywhere in between. I will never forget running my fingers through Liz's hair and feeling the huge split in her head, or the bruises that bled through the make up on her face. Her hands positioned just so to hide the horrible scaring on her hands and the cold feel of her lips when I kissed her good bye for the last time. As I mentioned before by all accounts Liz died instantly from massive internal trauma. I pray every day that that was the case. I truly hope she didn't have to feel any of the pain that was so apparent.

The day after we buried Liz we started a six-month journey of the Massachusetts court system. We had to sit in court and listen to an attorney defend the man who killed a member of our family. We had to sit and listen to the accounts of that ill fated morning over and over again. On November 30, 2001 we sat and listened to the defendant change his plea to guilty. For this, he was sentenced to a county jail for thirty months. Thirty months for taking the life of a 24-year-old woman on her way to work. Thirty months for a life sentence to Liz and those of us left behind. To add insult to injury, in October of 2002 the defendant was eligible for parole. My family and I testified at the parole hearing and were able to have his parole denied. However, the defendant will some day return to his family.

For my family and me the loss of Liz never goes away. It didn't go away the day we buried her. It didn't go away when the defendant pleaded guilty. It didn't go away at the parole hearing. It certainly doesn't go away at every holiday, birthday, special event: hell it doesn't go away on Monday, Tuesday, Wednesday, Thursday, Friday, Saturday or Sunday. They say time heals all wounds, the more time that goes by the more I miss her. This past September my wife gave birth to our third child, my sister gave birth to her fifth, and last December 31 my other sister gave birth to her first. Three children that will never know their aunt, three children that were born victims of drunk driving. There are things that will forever be with me, The 4 a.m. phone call from my Dad, kissing Liz good-bye for the last time, the way that my 4-year-old daughter refers to the cemetery as Auntie Liz's house.

The death of a loved one is never easy. To have a loved one ripped from you in a completely avoidable incident is hard to recover from. It is something I wish to never have to experience again. Drinking and driving is completely avoidable. Simply don't do it. The life you may take is not the only life you affect.

Liz, I love you and miss you. With my voice and your spirit we will continue to work as a team to warn those of the dangers of drunk driving.

Eddie Porreca

continued from front cover

When is PEP Indicated?

Deciding whether or not to start PEP after an assault is not easy for the survivor. The medications are most effective when given immediately, and can only be initiated within 72 hours of the assault. Treatment requires commitment and side effects can be significant. Survivors must make their choice during a very vulnerable period, while they are coping with the immediate impact of the assault, and are having to make decisions about their safety, criminal justice involvement, and a range of other issues.

The extent to which survivors are adequately informed and counseled varies considerably depending on the degree of training the provider has received about PEP. Specially trained Sexual Assault Nurse Examiners (SANEs), who provide care and forensic evidence collection for survivors in designated emergency rooms throughout the state, receive extensive training in PEP. They assist survivors in assessing risk level and deciding whether to initiate the treatment. Medical providers can seek consultation from an Infectious Diseases specialist or the Massachusetts 24-hour PEP hotline for guidance with risk assessment and determining the appropriate regimen. Unfortunately, providers are often uninformed about PEP and, thus, neither seek this assistance nor provide appropriate information or care.

The following factors should be considered in deciding whether to initiate PEP:

Risk of Infection

There is no data available on transmission of HIV through violent sexual contact, so the risk for each survivor can only be estimated. The HIV status of the assailant is usually unknown, but statistics on HIV prevalence rates suggest that, in most assaults, the assailant is not HIV positive. Approximately 0.4 percent of the US population is infected, but exposure risk demographics vary considerably by location and risk category. According to the Department of Public Health, over 13,000 people are infected in Massachusetts. However one study found that individuals charged with sex offenses have slightly higher rates of HIV than the general population.[2]

Even if the assailant is HIV positive, the likelihood that the victim will be infected through one sexual contact is low. Data on consensual sexual experiences indicate that the chance of developing HIV infection after a single episode of unprotected sexual intercourse with an HIV infected partner is about one in 1,000 for vaginal intercourse, and about one in 250 for anal intercourse. Forced sexual contact is likely to carry a higher risk given that assaults frequently include multiple sites of exposure and tearing of skin and tissue. Although the degree of risk in the majority of assaults is quite low, for most survivors, any risk is too high. After the experience of being unable to prevent an assault, taking action to protect themselves against further injury is an empowering act of reclaiming control. And if PEP prevents even one survivor from becoming infected, the benefit is immeasurable.

Risks and Stressors Associated with Treatment

The most negative aspect of PEP is the side effects of the medications. PEP medications can cause significant nausea, headaches, diarrhea, and fatigue, which are usually most severe in the initial week of the treatment. While many of the side effects can be effectively treated, many people who start PEP, including health care workers after occupational exposures, discontinue the medications prematurely due to the side effects. Some of the medications also have the potential to be toxic and permanently damaging, but this is exceedingly rare with a 28-day PEP regimen.

Other negative factors include:

• HIV testing: The survivor will need a baseline HIV test, either before or within a few days of starting PEP, to establish whether she or he had been infected with HIV before the rape. Some sites may require that the HIV test be done in the emergency room, where there is often inadequate pre- and post-test counseling and where test results become part of a permanent medical record. Anonymous testing at follow-up is offered at some sites, such as the Infectious Diseases Division at Beth Israel Deaconess Medical Center, but does not appear to be widely available. Regardless, the stress of learning one's HIV status, added to the trauma of rape, can be overwhelming.

• Health risk: Survivors who have been exposed to HIV may be at risk for developing a more treatment-resistant virus if they discontinue the medications prematurely or if they seroconvert despite completing the treatment.

• Cost: Health insurance may not cover the $500 to $1000 cost of the medications, and many survivors do not want to use their health insurance for rape-related care.

• Additional stress: Survivors must contend with the demands of obtaining and remembering to take the medications, of understanding and recalling instructions about care, of attending multiple medical visits, and of navigating systems to access resources such as Free Care. Managing such complex treatment can be overwhelming in the aftermath of a trauma when the survivor has multiple other stressors, including symptoms that may impair cognition and functioning.

Completing the PEP Regimen

For those survivors who choose to initiate PEP, follow-up medical care is essential to monitor the effect of the medications, to treat adverse responses, and to assess potential HIV infection by retesting. Because each PEP medication has unique side effects and safety concerns, Infectious Diseases specialists or other physicians with expertise in treating HIV should be involved to counsel and follow the survivors throughout their PEP course.

The few studies that have been done on the use of PEP following sexual assault suggest that the majority of survivors who start the treatment either stop before the 28 days are completed or do not attend follow-up medical visits.[3 4 5 6] Given the risk associated with prematurely discontinuing PEP, this is a significant issue. While intolerance for the side effects is often cited as a reason for stopping PEP, we do not yet have a complete understanding of all the reasons for discontinuation.

Our experience at Beth Israel Deaconess Medical Center (BIDMC) suggests that without adequate outreach, support and assistance, many survivors become overwhelmed by rape-related stressors and discontinue the regimen due to the effort required to complete the care. When we have followed up with survivors, we have frequently found that they had recently, or were about to, discontinue the regimen because they had encountered a logistical obstacle, or had forgotten follow-up instructions given to them in the emergency room.

BIDMC is fortunate to have received Victims of Crime Act (VOCA) funding through MOVA to support its Center for Violence Prevention and Recovery (the Center). The availability of onsite rape crisis services through the Center has enabled us to integrate rape crisis counseling with the follow-up medical care for PEP in Infectious Diseases.

After the Emergency Department visit, rape crisis counselors from the Center contact survivors and facilitate their seeing an Infectious Diseases specialist within a few days. The counselor offers to provide pre- and post-HIV test counseling and to assist survivors in navigating the medical system and accessing resources. She offers to accompany the survivor to the medical visits, both for support and for assistance with remembering information and medical instructions. She often provides support and assistance between the medical visits, and she offers trauma-focused crisis intervention counseling.

Our experience thus far suggests that a higher percentage of survivors complete the PEP regimen with this support than in published reports. Also, many survivors who initially declined rape crisis services were able to develop trusting relationships with their counselors after outreach; those trusting relationships enabled them to later utilize the advocacy and counseling services offered. This suggests that if sites providing PEP follow-up can integrate rape crisis services with post-assault medical care, more survivors will complete the PEP regimen and will access services which can promote their healing and recovery.

Policy Issue: Paying for PEP

In an effort to make PEP available to all survivors, the MDPH created a program through which survivors who lack health insurance can get the medications at no cost. However this benefit is not available to the many survivors who have health insurance but do not want to use it. Whether due to concerns about safety (i.e., for a survivor of intimate partner violence whose partner will be alerted to the fact that she sought care), privacy (a teenager who fears her parents finding out), or concern about some type of future discrimination for receiving care associated with the risk of HIV infection, many survivors will forego care if it necessitates using their health insurance or paying large sums out-of-pocket for the care.

One possible solution to this problem would involve changes to the state's crime victim compensation law. Currently, only survivors who report the crime to the police are eligible for financial compensation to cover the costs of PEP. This restriction excludes the 60-84 percent of survivors who choose not to involve the criminal justice system. In New Hampshire, reporting the assault to a medical provider is considered sufficient, allowing survivors there to use victim compensation funds to cover PEP costs. Rape crisis advocates have urged that Massachusetts consider amending the law to enable more survivors to access PEP.

Conclusion

The use of PEP to reduce the risk of HIV transmission following sexual assault is still considered experimental due to the lack of data supporting its efficacy. There is theoretical support for its use based on its effectiveness in reducing risk in other modes of transmission. The MDPH has recommended all at-risk sexual assault survivors in Massachusetts have access to quality PEP care. This requires that health care providers, particularly in emergency rooms, are adequately informed about PEP, that specialized follow-up services are available, and that non-health insurance funding is available to cover the costs. This treatment offers a significant public health benefit in preventing HIV infection and in reducing the psychological toll to survivors of rape.

Resources

Massachusetts Department of Public Health established:

- 24-hour PEP hotline (for providers): 888-855-9324

(continued on page 14)

HIV Post-Exposure Prophylaxis for Sexual Assault Survivors

continued page 13

- HIV Drug Assistance Program (HDAP) at Community Research Initiative of New England (CRI): 800-228-2714 ext. 326 (PEP medication reimbursement for uninsured individuals)
- PEP training options through the New England AIDS Education and Training Center: 617-262-5657.
- Sexual Assault Nurse Examiner (SANE) Program: 617-624-5490

Beth Israel Deaconess Medical Center (BIDMC):

- Infectious Diseases Division: 617-632-7706
- Center for Violence Prevention and Recovery: 617-667-8141

Karen Brouhard, LICSW, is Co-Director of the Center for Violence Prevention and Recovery at BIDMC and Lecturer in Psychiatry at Harvard Medical School

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[2] HIV Seroprevalence in Male Sexual Offenders in Rhode Island: Implications for Post-Exposure Prophylaxis. 8th Conference on Retroviruses and Opportunistic Infections. 2001.

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[6] Launay O, Soussy A, Aubert M. Post-sexual-exposure prophylaxis with HAART after sexual assaults. The XIII International AIDS Conference. Durban, South Africa:2000.

Addressing Sexual Violence in Massachusetts: The Governor's Task Force on Sexual Assault and Abuse Recommends Changes

continued from page 3

myths and misconceptions that surround sexual assault and abuse, and informing the public of appropriate responses to disclosure of sexual violence.

- Develop, make mandatory, and provide an intensive statewide training and education program on sexual violence for all law enforcement and criminal justice system personnel, including front line police officers; staff of district attorneys offices; probation and parole officers; and trial court personnel, including judges.
- Ensure adequate funding for comprehensive rape crisis centers in order to assure access to services for all survivors and their families; increase public awareness of these services; and support the centers' prevention, education, and outreach activities.
- Increase allocations for Sexual Abuse Intervention Network/Children's Advocacy Centers (SAIN/CACs) sufficiently to enable SAIN/CAC programs to be established, maintained, and expanded throughout the Commonwealth.
- Increase resources for the Sexual Assault Nurse Examiner (SANE) program to ensure access to these quality services for every sexual assault victim/patient in Massachusetts.
- Consider the elimination of the statute of limitations for crimes of sexual assault and abuse.

The report and recommendations present a critical opportunity for new leadership in the state to respond to this growing crisis. Survivors and victims of sexual assault and abuse deserve our increased attention and commitment to improving our overall response.

For more information or for a copy of the report, contact Stephanie Brown, Project Administrator, Violence Prevention and Intervention Policy, Executive Office of Health and Human Services, One Ashburton Place, Room 1109, Boston, MA 02108, 617-727-7600.

Allison Tassie is a Senior VOCA Program Associate at MOVA. She served on the Task Force subcommittee on the pervasiveness, prevalence and impact of sexual violence. MOVA Executive Director Janet E. Fine served as a member of the Task Force and its Steering Committee.

WHAT'S Happening

Massachusetts enacts child enticement legislation

Sponsored by Senator Cynthia Stone Creem, D-Newton, and co-sponsored by Senator David Magnani, D-Framingham, *An Act Further Protecting Children* makes it a crime to try to lure a child into a car, building, or other outdoor space with the intent to commit a sexual or violent crime. Offenders convicted of enticement face up to five years in prison and/or up to a $5,000 fine. Twenty-five other states and the federal government have adopted similar legislation. The Massachusetts law also requires camps, schools and other programs serving children to perform Criminal Offender Record Information (CORI) checks on employees and volunteers who have direct, unmonitored contact with children.

SJC ruling lowers bar for civil commitment of sex offenders

A Supreme Judicial Court (SJC) ruling eases the burden for prosecutors trying to confine sexually dangerous convicts beyond the completion of their prison sentences. The SJC overturned a Hampden Superior Court decision rejecting a petition to commit Steven Boucher as a sexually dangerous person because the state failed to prove beyond a reasonable doubt that Boucher was "likely" to commit new offenses. The SJC ruled that the law's language does not require prosecutors to prove a defendant is "more likely than not" to reoffend.

Law bars murderers from profiting from their victims

The Massachusetts legislature enacted a law preventing an individual charged with homicide from inheriting property, money or assets from the estate of his or her victim pending the outcome of a criminal trial, and permanently bars someone found guilty of murder from the deceased's line of succession. *An Act Relative to the Descent and Distribution of Property* was originally sponsored by Representative Joseph Sullivan (D-Braintree). Senator Cheryl Jacques (D-Needham) attached an amendment that precludes someone who has been indicted or convicted of a murder from controlling the murder victim's estate.

Court allows fired domestic violence victim to sue employer

A domestic violence victim can proceed with a wrongful termination suit against her former employer, a Superior Court judge ruled. The victim maintains she was fired because she missed work to testify in a domestic violence case against her husband. Judge Mitchell J. Sikora, Jr. ruled that the criminal court proceedings involved a matter of public policy and that the victim could therefore bring the lawsuit claiming that she was fired for leaving work to attend to the situation. Advocates and legal scholars say the case sets a precedent that could help victims both in Massachusetts and outside the state.

Garden of Peace pays tribute to homicide victims

Garden of Peace organizers are seeking the names of homicide victims to be engraved onto stones placed in the Garden, a permanent memorial planned for the grounds of the Leverett Saltonstall state office building. Sponsors of the Garden envision a public space that will serve as a place for reflection and promote a violence-free community. The suggested donation for a stone is $100, but organizers invite the participation of all survivors regardless of whether a donation is possible. To submit a loved one's name or to make a contribution, call (781) 444-7722 or email gardenofpeace@earthlink.net. Learn more about the Garden at www.gardenofpeacememorial.org.

MADD issues state-by-state report cards

The United States earns a grade of "C" in overall efforts to combat drunk driving, according to a state-by-state report card from Mothers Against Drunk Driving (MADD) and the GuideOne Foundation. Massachusetts earned only a "D–" in MADD's assessment. In the three-year period covered by the report card, drunk driving deaths in the U.S. increased five percent. MADD cited several priorities for an improved legislative response across the country including administrative license revocation (ALR); .08 blood alcohol concentration (BAC)/illegal per se; and mandatory BAC testing for all drivers in fatal crashes.

Reports of identity fraud increase

The number of identity theft complaints nearly doubled in 2002, according to a report from the Federal Trade Commission (FTC). Identity theft has been the most widely reported consumer crime since the agency started issuing reports three years ago. Last year saw 162,000 reports of identity theft, compared with 86,000 the previous year. The report is compiled from statistics from state and federal sources, including the Federal Bureau of Investigation and the Secret Service. The rise in identity theft complaints partly reflects greater consumer awareness about reporting.

BULLETIN BOARD

In Upcoming Issues

On the Bookshelf
A review of the book *Child Custody and DV: A Call for Safety and Accountability*
By Peter Jaffe, Nancy Lemon and Samantha Poisson

Focus
The 20th Anniversary of passage of the state Victim Bill of Rights: Where are we now?

A look at batterer intervention programs

Innovations
A Yoga therapy support group for trauma survivors

On Beacon Hill
Lobbying 101 for survivors

Victim and Witness Assistance Board Meetings

The Victim and Witness Assistance Board will vary locations of its 2003 meeting dates to increase opportunities for attendance from the community. For information on the next scheduled meeting, call MOVA at (617) 727-5200.

SAFEPLAN Berkshire County Legislative Breakfast

MOVA and Jane Doe, Inc. will hold a breakfast on February 28 to thank Berkshire County legislators for their support of SAFEPLAN and other services for victims of domestic violence and sexual assault. For information call Stefanie Fleischer Seldin at (617) 727-7885.

Massachusetts Victim Rights 2003 Conference

MOVA will hold its annual Victim Rights Conference on April 1 at the Best Western Royal Plaza Hotel in Marlborough. Timing of the Conference corresponds with National Crime Victims' Rights Week 2003, Victim Rights: Fulfill the Promise, observed April 6-12. For more information, call MOVA at (617) 727-5200 or visit www.mass.gov/mova.

Domestic Violence Advocacy Training

A 35-hour Domestic Violence Advocacy Certification Training will be held at the YWCA of Western Massachusetts beginning February 24. Classes are held weeknights and one Saturday. For more information and an application, visit www.ywworks.org or call (413) 732-3121 by February 20.

Dangerousness Assessment Training

EMERGE, Inc. sponsors a two-day training on Domestic Violence Danger Assessment and Risk Management in Boston February 27-28. For details call (617) 547-9879.

Batterer Intervention Training

EMERGE, Inc. and the Massachusetts Department of Public Health holds their 2003 certification course in Batterer Intervention on March 5-7, May 21-23 and September 10-12. For details call (617) 547-9879 or visit www.emergedv.com.

Rape Crisis Counseling and Advocacy Training

The YWCA of Western Massachusetts sponsors a 45-hour certification training beginning March 17. The group meets Monday and Wednesday evenings plus two Saturdays. Participants must commit to volunteering twice monthly for six months or pay a $75 registration fee for the training. For information call Maria Silva, (413) 732-3121 ext. 303.

For more events and happenings visit our calendar at www.mass.gov/mova.

MASSACHUSETTS OFFICE FOR VICTIM ASSISTANCE
MOVA
VICTIM & WITNESS ASSISTANCE BOARD

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